FOREIGN BUSINESS CORPORATION

	STATE OF MAINE			
CHANGE	C OF REGISTERED AGENT and/or REGISTERED OFFICE Deputy Secretary of State			
	A True Copy When Attested By Signature			
	(Name of Corporation) Deputy Secretary of State			
Pursuant to 13 Registered Off	-C MRSA §1507, the undersigned corporation executes and delivers the following Change of Registered Agent and/ice:			
FIRST:	("X" all boxes that apply)			
Α.	\Box change of registered office only B. \Box change of registered agent and registered office			
C.	change of registered agent only D. change in name of current registered agent			
SECOND:	(Complete the following if Item First B or C was checked above.) The jurisdiction of incorporation			
	and the date on which the corporation was authorized to transact business			
	the State of Maine is .			
THIRD:	The name and registered office of the registered agent appearing on the record in the Secretary of State's office:			
	(name of current registered agent)			
	(street, city, state and zip code)			
FOURTH:	Complete this Item as follows based on your selection in Item First:			
	 A. The address of the new registered office (provide address information only); B. The name and registered office of the new registered agent, who must be a Maine resident or a domestic business or nonprofit corporation, a foreign business or nonprofit corporation authorized to do business or 			
	carry on activities in Maine (provide name and address information); C. The name of the new registered agent, who must be a Maine resident or a domestic business or nonprofit corporation, a foreign business or nonprofit corporation authorized to do business or carry on activities in Maine (provide name only); OR			
	D. The new name of the current registered agent (provide name only).			
	(name of new registered agent or new name of current registered agent)			
	(physical location, not P.O. Box – street, city, state and zip code)			
	(mailing address if different from above)			

Filing Fee \$35.00 for each corporation listed

NOTE: The business office of the registered agent must be identical with the registered office.

	Name of corporation	Jurisdiction	Date authorized to transact business in Maine
	Names of additional	corporations attached here	to as Exhibit, and made a part hereof.
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ote: The fol	lowing must be signed by the p		
ATED		*By	(signature)
			(signature)
			(signature)
		_	(signature) (type or print name and capacity)
		_	(type or print name and capacity)
	Acceptar	 ace of Appointment of N	(type or print name and capacity)
he undersigned	_	nce of Appointment of N	(type or print name and capacity)
_	hereby accepts the appointment	nce of Appointment of N	(type or print name and capacity) New Registered Agent
	_	nce of Appointment of N	(type or print name and capacity) New Registered Agent
	hereby accepts the appointment	nce of Appointment of N	(type or print name and capacity) New Registered Agent
	hereby accepts the appointment	nce of Appointment of N	(type or print name and capacity) New Registered Agent
ATED	hereby accepts the appointment	ace of Appointment of Nont as registered agent for the	(type or print name and capacity) New Registered Agent e above-named foreign business corporation.
ATED	(signature of registered agent) Agent which is a Corporation	nce of Appointment of Nont as registered agent for the	(type or print name and capacity) New Registered Agent e above-named foreign business corporation. (type or print name)
or Registered	hereby accepts the appointment (signature of registered agent)	nce of Appointment of Nont as registered agent for the	(type or print name and capacity) New Registered Agent e above-named foreign business corporation. (type or print name)

The undersigned registered agent of the following corporation(s), who has changed the address of the registered

*This document **MUST** be signed as follows:

FIFTH:

- (1) if Item First, A. was selected, then by the Registered Agent OR
- (2) if Item First, B. was selected, then by any duly authorized officer OR
- (3) if Item First, C. was selected, then by any duly authorized officer OR
- (4) if Item First, D. was selected, then by the Registered Agent.

Please remit your payment made payable to the Maine Secretary of State.